

Experiences of dietitians in Bernhoven Uden - working in an unreal situation

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Angelique van Empel and Laura van den Bogaard approached the NVD to share their knowledge. Their working environment has changed in recent days from a peripheral hospital to an acute care center. They received questions from dietitians from other hospitals and are happy to share their knowledge and experience.

Angelique van Empel

Our hospital is located at the epicenter of the corona outbreak in Northeast Brabant. We have now adopted a generic nutrition policy for the departments where the corona patients are admitted. We are happy to share this.

Nutritional problems of corona patients

In addition to the complaints in the lung area, there are also atypical complaints such as nausea, vomiting, diarrhea and severe abdominal pain. There is also extreme fatigue. Every day we have consultations with the hostesses (function comparable to nutritional assistants) of the nursing wards. Experience shows that patients have a poor nutritional intake; they are often too sick to eat and much help is needed. This applies to all age groups.

Soft / liquid food is often chosen. More than usual, they help spread bread and cut food and use plastic cups instead of the heavier china. The patients often have an oxygen mask; because removing this mask during a meal often results in an undesirable dip in saturation, the drinks are drunk through a straw.

Generic nutrition policy

In order to keep the administrative burden to a minimum, screening tools are no longer used in the clinic. We are normally involved in all patients with a positive SNAQ score of > 3. Now that this information is no longer available, we have introduced a generic nutrition policy. This policy is as follows:

All patients except patients with diabetes mellitus

General: energy and protein enriched diet

In the morning in between: ½ bottle of (fiber-enriched) drinking food (200 kcal, 10 grams of protein)

In the afternoon in between: energy and protein-enriched dairy product

In the evening: ½ bottle of (fiber-enriched) drinking food

Patients with diabetes mellitus

General: protein-enriched diet

In the morning, afternoon and evening a snack: e + quark natural, e + fruit or vanilla curd, e + fruit yogurt or e + smoothie

Other dietary restrictions

Any dietary restrictions (such as lactose intolerance or consistency) are observed by the hostess, the information from the electronic file is leading in this.

All patients over 70 years of age receive a bottle of compact drinking food at breakfast (Fresubin 3.2: 125 ml, 400 kcal, 20 grams of protein), this was already standard policy and we have adhered to it. The extra provisions and intermediate meals can of course always be adapted to the wishes of the patient.

Intensive care

My IC colleagues calculate the dietary requirements for all IC patients, as usual. This applies to tube feeding and TPV, taking into account energy-supplying substrates such as propofol and citrate (at CVVH).

Coordination with others

This generic nutrition policy was discussed with our team manager, MDL physician (chairman of the nutrition team), contract and performance manager (responsible for contract management with caterer Hutten) and the team leader room & lounge services (Hutten). We have the approval of the thrombosis doctor for the application of the liquid nutrition within the generic policy. No separate notification is required for this.

Due to the cancellation of the SNAQ screening, we have agreed that we will go to the department kitchens every afternoon at 1.45 pm to discuss the state of affairs with the hostesses and to discuss patients at risk. In addition, on the fourth day of admission, the

hostesses keep track of the intake on the nutritional fluid list. We assess this the day after. In this way we hope to gain insight into the people who have been admitted for longer.

Non-corona departments

In these departments too, there is temporarily no screening for malnutrition. For the time being, not all patients receive standard energy- and protein-enriched food in these departments. We currently have insufficient insight into the nutritional problems of the patients who are there. Here too we have daily consultations with the hostesses.

All dieticians have informed the referrers that there is no screening for malnutrition, and that it is important that they can / should engage us in an accessible manner.

View file

It has been decided that when we identify (risk of) malnutrition by the hostesses, we may start dietary treatment and therefore be admitted to the EPD. This does not require a consultation request from the practitioner. The same applies to starting the nutrient moisture list in the electronic file. This has been coordinated with the chair of the medical working group.

Hostess training

Caterer Hutten will deploy twenty new hostesses. These are Hutten employees who will become available elsewhere. They will be trained next Monday by one of our colleagues.

Medication for corona

Choloroquine and lopinavir / ritonavir can be used in patients with the coronavirus. This medication has side effects in the form of gastrointestinal complaints and psychological complaints.

Side effects of choloroquine (medication for malaria)

Gastrointestinal disorders (nausea, vomiting and diarrhea), hypoglycemia, mental disorders (anxiety, agitation, insomnia, confusion, hallucination, psychosis, delirium), headache, convulsions, polyneuritis and (neuro) myopathy, muscle weakness.

Cardiac: during long-term treatment with high doses of cardiomyopathy and possible occurrence of rare cardiac arrhythmias, AV block, prolonged QT time, T-top abnormalities on the ECG.
Therefore, be cautious about prescribing metoclopramide as antiemetics.

Side effects of Lopinavir / ritonavir (medication for HIV):

Very common (> 10%): upper respiratory tract infection, nausea, diarrhea.

Common (1-10%): hypertension, lower respiratory tract infection, hypersensitivity (including urticaria and angioedema), skin infections (including cellulitis, folliculitis, furuncle), maculopapulous rash, eczema, seborrheic dermatitis, itching, night sweats, lymphadenopathy, vomiting, dyspepsia abdominal distention, abdominal pain, gastroesophageal reflux disease, gastroenteritis, pancreatitis, colitis, hemorrhoids, flatulence, diabetes mellitus, hypertriglyceridaemia, hypercholesterolaemia, loss of appetite, weight loss, anxiety, headache (also migraine), (peripheral) neuropathy, dizziness, insomnia, muscle pain, joint pain, back pain, muscle weakness and spasms, asthenia and fatigue, erectile dysfunction, amenorrhea, menorrhagia, anemia, leucopenia, neutropenia, hepatitis, elevation of ALAT, ASAT and γ -GT.

Personal reflection

It is hard to understand how our beautiful hospital is converted into an acute care facility in record time. A lot of respect for the dedication, decisiveness and flexibility of everyone. I also experience a lot of togetherness. Everyone is more than 100% committed to getting through this period.

The activities and organization are constantly changing, you have to keep switching and adjusting, we try to do that as well as possible. But what we came up with yesterday is already obsolete today. If feasible, we will update next week on any further changes to our nutrition policy.

I also notice that it does a lot with my colleagues and me. It is an unreal situation. We try to pay close attention to each other.